



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
406 444-3134

TRS Office Use Only

CHANGE OF MAILING ADDRESS

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

The Montana Teachers' Retirement System must be advised of any permanent change in address. Changes must be submitted in writing to the above address and must be signed by the member or benefit recipient. If anyone other than the member or benefit recipient signs this form, legal documentation giving them the authority to do so must be attached to this form.

(Member or Benefit Recipient's Printed Name)

____ - ____ - ____
(Social Security Number)

PREVIOUS MAILING ADDRESS:

(Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

NEW MAILING ADDRESS:

(Effective Date of Change)

(Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

(New Area Code and Telephone Number)

(Member or Benefit Recipient's Signature)

(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST